

Joint Task Force Katrina Re-Deployment Preventive Medicine Measures

Name
Command
Contact Information



Prepared by:
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<http://chppm-www.apgea.army.mil/>

AGENDA

- Purpose of this briefing
- Background on health concerns
- Medical threats / Health problems
- Re-deployment medical requirements
- Stress
- Summary and where to get more information



PURPOSE

To address any concerns you may have about your health and ensure that you understand the medical requirements for redeployment




BACKGROUND

- Forces in support of JTF-Katrina will redeploy to home station



- Of utmost importance is force health protection and addressing concerns you might have about your health

STAYING HEALTHY GUIDE

- Unfold YOUR Redeployment Guide
 - Basic information and resources
 - Reference Guide for this Briefing 
- (designed for re-deployment from OCONUS
but many topics still relevant)

This guide is for use by all active/reserve component military, civilian, retiree, and contractor personnel. Any individual who is returning from any type of military operation should keep and refer to this guide.

MEDICAL THREATS

- Threat Categories
 - Infectious
 - Vector borne
 - Animal associated
 - Environmental
 - Chemical/Industrial

- Examples
 - Diarrheal diseases
 - Skin Infections
 - Mites/chiggers
 - West Nile Fever
 - Tetanus
 - Physical injury
 - Heat



HEALTH THREAT from FLOODWATER

EPA tests (as of 6 September 2005):

- Main concern - High levels of bacteria (sewage)
 - Ingestion may have caused gastrointestinal illness (vomiting & diarrhea)
 - Exposure to an open wound may have caused infection
 - Almost no risk of long term health risks
- Low levels of chemical contamination
 - Short term exposure is not likely to cause any adverse health effects



“DECON”

- Leave Louisiana and Mississippi in Louisiana and Mississippi
 - Wash uniforms and equipment with soap and clean water prior to re-deployment
 - Pay special attention to cleaning bottoms of boots
 - Disinfect hard environmental surfaces, like rescue boats, with a mixture of $\frac{1}{4}$ cup bleach to 1 gallon of clean water (not your skin or clothing)
- Out of respect for the terrible losses in the area, and for the safety and health of you and your family, do not bring home any items you may have found during the relief effort.



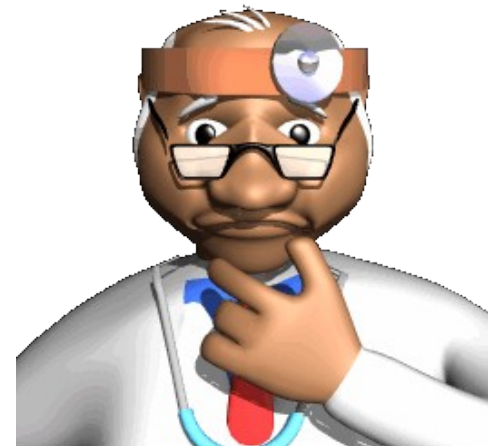
HEALTH PROBLEMS



- Most illnesses occur while in theater
- You may experience minor, temporary changes in health after redeployment
- Take medications as directed by your physician
- Some illnesses may not cause symptoms until returning home but will generally show up within the first six months

HEALTH PROBLEMS

- If you experience:
 - **Fever**
 - **Muscle or joint pain**
 - **Stomach or bowel problems**
 - **Swollen glands**
 - **Skin problems**
 - **Excessive tiredness**
 - **Emotional problems**
 - **Sleep difficulties**
 - **Shortness of breath**
 - **Weight loss**
 - **Anything out of the ordinary**
- Seek medical care as soon as possible
- Be sure to tell your provider that you were deployed as part of JTF-Katrina

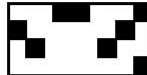


MEDICAL REQUIREMENTS

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 - Receive this post-deployment medical threat briefing
 - Complete the Post-Deployment Health Assessment (DD Form 2796); unless Army Reserve less than 30 days
 - Receive post-deployment medical screening (of 2796), blood draw, and follow-up for soldiers with specific complaints
 - Understand where to go for health problems or concerns after you return home
- **Home Station**
 - Any indicated referral appointments

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POST-DEPLOYMENT

Health Assessment



Authority: 10 U.S.C. 136 Chapter 55. 10741, 3013, 5013, 8013 and E.O. 9397

Principal Purpose: To assess your state of health after deployment outside the United States in support of military operations and to assist military healthcare providers in identifying and providing present and future medical care to you.

Routine Use: To other Federal and State agencies and civilian healthcare providers, as necessary, in order to provide necessary medical care and treatment.

Disclosure: (Military personnel and DoD civilian Employees Only) Voluntary. If not provided, healthcare WILL BE furnished, but comprehensive care may not be possible.

INSTRUCTIONS: Please read each question completely and carefully before marking your selections. Provide a response for each question. If you do not understand a question, ask the administrator.

Demographics

Last Name

First Name

MI

Name of Your Unit or Ship during this Deployment

Today's Date (dd/mm/yyyy)

Social Security Number

DOB (dd/mm/yyyy)

Date of arrival in theater (dd/mm/yyyy)

Date of departure from theater (dd/mm/yyyy)

Gender

- ☐ Male
☐ Female

Service Branch

- ☐ Air Force
☐ Army
☐ Coast Guard
☐ Marine Corps
☐ Navy
☐ Other

Component

- ☐ Active Duty
☐ National Guard
☐ Reserves
☐ Civilian Government Employee

Location of Operation

- ☐ Europe
☐ SW Asia
☐ SE Asia
☐ Asia (Other)
- ☐ Australia
☐ Africa
☐ Central America
☐ Unknown
- ☐ South America
☐ North America
☐ Other

Pay Grade

- ☐ E1
☐ E2
☐ E3
☐ E4
☐ E5
☐ E6
☐ E7
☐ E8
☐ E9
- ☐ O01
☐ O02
☐ O03
☐ O04
☐ O05
☐ O06
☐ O07
☐ O08
☐ O09
☐ O10
- ☐ W1
☐ W2
☐ W3
☐ W4
☐ W5
☐ Other

To what areas were you mainly deployed:
(mark all that apply - list where/date arrived)

- ☐ Kuwait
☐ Qatar
☐ Afghanistan
☐ Bosnia
☐ On a ship

- ☐ Iraq
☐ Turkey
☐ Uzbekistan
☐ Kosovo
☐ CONUS
☐ Other

Name of Operation:

Occupational specialty during this deployment
(MOS, NEC or AFSC)

Combat specialty:

Administrator Use Only

Indicate the status of each of the following:

Yes No N/A

- ☐ ☐ ☐ Medical threat debriefing completed
☐ ☐ ☐ Medical information sheet distributed
☐ ☐ ☐ Post Deployment serum specimen collected

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Post-Deployment Health Assessment Form

Page 1: Service Member Administrative Information

DD FORM 2796

- DD Form 2796 must be completed no more than 30 days prior to departing for home station
- Page 1: Administrative information
 - Deployment location
 - Country, (United States)
 - Operation (J|T|F|-|K|a|t|r|i|n|a)

You will need your DD 2796

Do not pack it in your bags

DD FORM 2796

Please answer all questions in relation to THIS deployment

1. Did your health change during this deployment?

- ☐ Health stayed about the same or got better
☐ Health got worse

2. How many times were you seen in sick call during this deployment?

--	--

No. of times

3. Did you have to spend one or more nights in a hospital as a patient during this deployment?

- ☐ No
☐ Yes, reason/dates: _____

4. Did you receive any vaccinations just before or during this deployment?

- ☐ Smallpox (leaves a scar on the arm)
☐ Anthrax
☐ Botulism
☐ Typhoid
☐ Meningococcal
☐ Other, list: _____
☐ Don't know
☐ None

5. Did you take any of the following medications during this deployment?

(mark all that apply)

- ☐ PB (pyridostigmine bromide) nerve agent pill
☐ Mark-1 antidote kit
☐ Anti-malaria pills
☐ Pills to stay awake, such as dexedrine
☐ Other, please list _____
☐ Don't know

6. Do you have any of these symptoms now or did you develop them anytime during this deployment?

No	Yes During	Yes Now	No	Yes During	Yes Now
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Chronic cough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Chest pain or pressure
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Runny nose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Dizziness, fainting, light headedness
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Fever	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Difficulty breathing
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Weakness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Still feeling tired after sleeping
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Difficulty remembering
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Swollen, stiff or painful joints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Diarrhea
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Back pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Frequent indigestion
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Muscle aches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Vomiting
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Numbness or tingling in hands or feet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Ringing of the ears
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Skin diseases or rashes			
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Redness of eyes with tearing			
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Dimming of vision, like the lights were going out			

7. Did you see anyone wounded, killed or dead during this deployment?

(mark all that apply)

- ☐ No ☐ Yes - coalition ☐ Yes - enemy ☐ Yes - civilian

8. Were you engaged in direct combat where you discharged your weapon?

- ☐ No ☐ Yes (☐ land ☐ sea ☐ air)

9. During this deployment, did you ever feel that you were in great danger of being killed?

- ☐ No ☐ Yes

10. Are you currently interested in receiving help for a stress, emotional, alcohol or family problem?

- ☐ No ☐ Yes

11. Over the LAST 2 WEEKS, how often have you been bothered by any of the following problems?

None Some A Lot

- ☐ ☐ ☐ Little interest or pleasure in doing things
☐ ☐ ☐ Feeling down, depressed, or hopeless
☐ ☐ ☐ Thoughts that you would be better off dead or hurting yourself in some way

12. Have you ever had any experience that was so frightening, horrible, or upsetting that, IN THE PAST MONTH, you

No Yes

- ☐ ☐ Have had any nightmares about it or thought about it when you did not want to?
☐ ☐ Tried hard not to think about it or went out of your way to avoid situations that remind you of it?
☐ ☐ Were constantly on guard, watchful, or easily startled?
☐ ☐ Felt numb or detached from others, activities, or your surroundings?

13. Are you having thoughts or concerns that ...

No Yes Unsure

- ☐ ☐ ☐ You may have serious conflicts with your spouse, family members, or close friends?
☐ ☐ ☐ You might hurt or lose control with someone?

15. On how many days did you wear your MOPP over garments?

--	--

No. of days

16. How many times did you put on your gas mask because of alerts and NOT because of exercises?

--	--

No. of times

17. Were you in or did you enter or closely inspect any destroyed military vehicles?

- ☐ No ☐ Yes

18. Do you think you were exposed to any chemical, biological, or radiological warfare agents during this deployment?

- ☐ No ☐ Don't know
☐ Yes, explain with date and location

14. While you were deployed, were you exposed to:

(mark all that apply)

No	Sometimes	Often	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	DEET insect repellent applied to skin
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pesticide-treated uniforms
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Environmental pesticides (like area fogging)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Flea or tick collars
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pesticide strips
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Smoke from oil fire
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Smoke from burning trash or feces
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Vehicle or truck exhaust fumes
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Tent heater smoke
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	JP8 or other fuels
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Fog oils (smoke screen)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Solvents
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Paints
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Ionizing radiation
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Radar/microwaves
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Lasers
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Loud noises
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excessive vibration
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Industrial pollution
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Sand/dust
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Depleted Uranium (If yes, explain) _____
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Other exposures _____

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DD FORM 2796

- Page 2: Service Member Report
 - Report vaccinations, medications, and health care during deployment process
 - Report experiences, symptoms or concerns
- Page 3: Service Member Report
 - Report possible exposures and duration
 - Identify potentially hazardous situations that may concern you

You will need your DD 2796 to out-process

Post-Deployment Health Assessment Form

Page 4: Health Care Provider Assessment

Health Care Provider Only

SERVICE MEMBER'S SOCIAL SECURITY #

— —

Post-Deployment Health Care Provider Review, Interview, and Assessment

Interview

1. Would you say your health in general is: ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor
2. Do you have any medical or dental problems that developed during this deployment? ☐ Yes ☐ No
3. Are you currently on a profile or light duty? ☐ Yes ☐ No
4. During this deployment have you sought, or do you now intend to seek, counseling or care for your mental health? ☐ Yes ☐ No
5. Do you have concerns about possible exposures or events during this deployment that you feel may affect your health?
Please list concerns: _____

6. Do you currently have any questions or concerns about your health? ☐ Yes ☐ No
Please list concerns: _____

Health Assessment

After my interview/exam of the service member and review of this form, there is a need for further evaluation as indicated below. (More than one may be noted for patients with multiple problems. Further documentation of the problem evaluation to be placed in the service member's medical record.)

REFERRAL INDICATED FOR:

- ☐ None
- ☐ Cardiac
- ☐ Combat/Operational Stress Reaction
- ☐ Dental
- ☐ Dermatologic
- ☐ ENT
- ☐ Eye
- ☐ Family Problems
- ☐ Fatigue, Malaise, Multisystem complaint
- ☐ Audiology

- ☐ GI
- ☐ GU
- ☐ GYN
- ☐ Mental Health
- ☐ Neurologic
- ☐ Orthopedic
- ☐ Pregnancy
- ☐ Pulmonary
- ☐ Other _____

EXPOSURE CONCERNS (During deployment):

- ☐ Environmental
- ☐ Occupational
- ☐ Combat or mission related
- ☐ None

Comments: _____

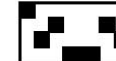
I certify that this review process has been completed.
Provider's signature and stamp:

This visit is coded by V70.5 __ 6

Date (dd/mm/yyyy)

/ /

End of Health Review



DD FORM 2796

- Page 4: Health Assessment
 - Face-to-face discussion with Health Care Provider (HCP)
 - Answer based on how you are feeling today
 - Review of completed DD 2796 with HCP
 - Follow-up may be recommended at home station
 - Answering yes to any questions will not delay your departure from theater
- *Hand-carry a copy of your DD 2796 all the way through your home station out-processing***

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MEDICAL REQUIREMENTS

APPLIES TO RESERVE COMPONENT ONLY

- For injury or illness
 - Must complete Line of Duty prior to leaving active duty
 - DA Form 2173 (Medical Exam & Duty Status)
 - DA Form 2873, Sworn Statement (for witness statements)
 - ALL associated medical documentation (SF 600, SF 558, etc.)
 - DA Form 2173 must be signed by:
 - Physician or medical administrator (block 18)
 - Unit commander (block 35)



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SO YOU HAVE HEALTH QUESTIONS AND CONCERNS

- Step 1
 - Be aware that some conditions may not produce symptoms for weeks to months after you return home.
- Step 2
 - Contact your local MTF or civilian health care provider for problems, questions, or concerns noticed after re-deployment, and make sure to tell him/her about your deployment.
- Step 3
 - If you feel ill, your primary health care provider can do an initial assessment. If symptoms persist or your condition is not improving, make sure you return to your health care provider.
- Step 4
 - The DoD Deployment Health Clinical Center is always available to answer your questions, and any questions your health care provider (civilian or military) may have about your health.

DOD DEPLOYMENT HEALTH CLINICAL CENTER

Walter Reed Army Medical Center

6900 Georgia Avenue, NW

Building 2, Room 3G04

Washington, DC 20307-500

Phone: (202) 782-6563

Fax: (202) 782-3539

DSN: 662-3577

Toll Free Help Line: (866) 559-1627

<http://www.pdhealth.mil>

Also a deployment health library:

**[http://
deploymenthealthlibrary.fhp.osd.mil](http://deploymenthealthlibrary.fhp.osd.mil)**



STRESS

- You may have witnessed and experienced horrific sites
- You may have feelings of pity, horror, repulsion, and anger
- All of these feelings are honorable and confirm your humanity
- Chaplains and counselors are always available to help you cope

The word "STRESS" is written in a bold, yellow, sans-serif font. A thick red diagonal line crosses through the word from the bottom left to the top right.

REUNITING WITH FAMILY AND FRIENDS

- Reunion is a part of the deployment cycle and can be filled with joy and stress. Reintegration into the family structure is a critical process.
- Refer to the ***A Soldier and Family Guide to redeploying*** remember during reunion friends
- Chaplains and counselors are available to help cope with homecoming stress



SUMMARY

- Background
- Medical Threats / Health Problems
- Post Deployment Requirements
- Completion of DD Form 2796
- Where to go for health information
- Stress

CONCLUSION

It is important to the US military and the nation that you enjoy good health as you rejoin your family and friends upon return to home station.

If you have health problems or concerns, it is critical that you let someone know. It will not delay your departure for home station.

Are there any questions?

